

**VEHICLE CHANGE REQUEST FORM**

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TO: **CINDY ELBERT INSURANCE SERVICES**

FAX: **602-942-4300**

EMAIL: **INFO@AMBULANCEINSURANCE.COM**

FROM: \_\_\_\_\_

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EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

**ADD VEHICLE**

**DELETE VEHICLE**

YEAR/MAKE/MODEL \_\_\_\_\_ UNIT# \_\_\_\_\_

VIN# \_\_\_\_\_

TODAY'S VALUE OF VEHICLE \_\_\_\_\_

GARAGING LOCATION \_\_\_\_\_

USE OF VEHICLE \_\_\_\_\_  
(AMBULANCE, WHEELCHAIR VAN, SERVICE, ETC.)

**PHYSICAL DAMAGE**

**LIABILITY ONLY**

LIENHOLDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ATTN. \_\_\_\_\_

LOAN/LEASE# \_\_\_\_\_

**THIS FORM IS FOR REQUESTS ONLY**

**No changes can be made without Insurance Company approval**

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**\*FOR OFFICE USE ONLY\***

**APPROVED**

**DATE:** \_\_\_\_\_